

# CLIENT INFORMATION SHEET

PLEASE PRINT

TODAYS DATE: \_\_\_\_\_

DOB: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BEST CONTACT NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

IF FILING JOINTLY, FILL OUT THE FOLLOWING WITH YOUR SPOUSE'S INFO

DOB: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

BEST CONTACT NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## FILING STATUS

SINGLE (NO DEPENDENTS)

HEAD OF HOUSEHOLD

MARRIED FILING SEPARATE

MARRIED FILING JOINT

NUMBER OF DEPENDENTS CLAIMING? \_\_\_\_\_

HAS NUMBER CHANGED? \_\_\_\_\_

ALL PAYMENTS ARE REQUIRED BEFORE TAXES ARE SUBMITTED.  
WHAT WILL YOUR METHOD OF PAYMENT BE?

CASH/ CHECK

CREDIT/DEBIT

ERC—3RD PARTY FEES APPLY

ARE YOU A NEW CLIENT? \_\_\_\_\_

HOW DID YOU FIND US? \_\_\_\_\_

IF REFERRED, WHO REFERRED YOU? \_\_\_\_\_

REFERRAL'S PHONE NUMBER? \_\_\_\_\_